

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI**

In re: BOBBI CHERAE SMITH

Case No.: 19-20251-drd-13

Debtor

NOTICE ALLOWING/DISALLOWING CLAIMS

COMES NOW, Richard V. Fink, the Chapter 13 Trustee, pursuant to Local Rule 3085-1 of the Western District of Missouri, and Rule 3001(f) of the Federal Rules of Bankruptcy Procedure, and moves to have these claims allowed as set out below or disallowed as not filed, unless an objection to the claim is filed and the Court enters an Order which provides for a different treatment.

AMERICASH LOANS LLC PO BOX 1728 DES PLAINES, IL 60017	Court Claim No.: 13 Trustee Claim No.: 5 Amount of Claim: \$4,099.00 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 8314 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
ARGYLE FAMILY HEALTH CLINIC 606 E HIGH ST JEFFERSON CITY, MO 65101-3279	Court Claim No.: N/A Trustee Claim No.: 6 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 6239 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
ATLAS ACQUISITIONS LLC 294 UNION ST HACKENSACK, NJ 07601	Court Claim No.: 12 Trustee Claim No.: 42 Amount of Claim: \$307.89 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 3840 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
BAEHR WIGGINS PC J BRIAN BAEHR 1900 N PROVIDENCE # 205 COLUMBIA, MO 65202	Court Claim No.: N/A Trustee Claim No.: 0 Amount of Claim: \$3,000.00 Monthly Payment: \$140.00 Claim Type: Attorney Fee	Account Number: Interest Rate: N/A Balance Owed: \$2,371.59 % to be Paid: 100.000%

BLUE TRUST LOANS PO BOX 1754 HAYWARD, WI 54843-1754	Court Claim No.: N/A Trustee Claim No.: 8 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2813 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
CAINE & WEINER PO BOX 5010 WOODLAND HILLS, CA 91365-5010	Court Claim No.: N/A Trustee Claim No.: 9 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 0247 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
CALLAWAY COUNTY COLLECTOR 10 E 5TH ST FULTON, MO 65251	Court Claim No.: 2 Trustee Claim No.: 46 Amount of Claim: \$76.14 Monthly Payment: N/A Claim Type: Taxes - Priority (Pr)	Account Number: 3583 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000% Special Remarks: Disallowed
CALLAWAY COUNTY COLLECTOR 10 E 5TH ST FULTON, MO 65251	Court Claim No.: 19 Trustee Claim No.: 54 Amount of Claim: \$83.32 Monthly Payment: N/A Claim Type: Taxes - Priority (Pr)	Account Number: Interest Rate: N/A Balance Owed: \$83.32 % to be Paid: 100.000%
CAPITAL REGION MEDICAL CENTER C/O FABER AND BRAND LLC PO BOX 10110 COLUMBIA, MO 65205	Court Claim No.: 9 Trustee Claim No.: 13 Amount of Claim: \$2,005.72 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 8667 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
CHECK INTO CASH 2219 MISSOURI BLVD STE G JEFFERSON CITY, MO 65109-4756	Court Claim No.: N/A Trustee Claim No.: 15 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 7842 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A

CLEAR LINE LOANS 2520 SAINT ROSE PKWY STE 111 HENDERSON, NV 89074-7784	Court Claim No.: N/A Trustee Claim No.: 16 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 1771 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
COLUMBIA ORTHOPAEDIC GROUP 1 SOUTH KEENE STREET COLUMBIA, MO 65201	Court Claim No.: N/A Trustee Claim No.: 17 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4986 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
COURTESY LOANS 512 ELLIS BLVD STE T JEFFERSON CITY, MO 65101-1821	Court Claim No.: N/A Trustee Claim No.: 18 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2404 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
CREDIT ACCEPTANCE CORPORATION 25505 W 12 MILE RD # 3000 SOUTHFIELD, MI 48034	Court Claim No.: 3 Trustee Claim No.: 19 Amount of Claim: \$16,506.84 Monthly Payment: \$400.00 Claim Type: Secured - Vehicle (E)	Account Number: 6633 Interest Rate: 5.8300% Balance Owed: \$15,441.01 % to be Paid: 100.000%
ENHANCED RECOVERY PO BOX 57547 JACKSONVILLE, FL 32241-7547	Court Claim No.: N/A Trustee Claim No.: 21 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 5191 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
GOLDEN VALLEY LENDING INC 635 E STATE HIGHWAY 20 UPPER LAKE, CA 95485-8793	Court Claim No.: N/A Trustee Claim No.: 23 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 6273 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A

GREEN TRUST CASH PO BOX 340 HAYS, MT 59527-0340	Court Claim No.: N/A Trustee Claim No.: 24 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 8759 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
INTERNAL REVENUE SERVICE PO BOX 7317 PHILADELPHIA, PA 19101-7317	Court Claim No.: 8-2 Trustee Claim No.: 25 Amount of Claim: \$8,358.54 Monthly Payment: N/A Claim Type: Taxes - Priority (Pr)	Account Number: 4225 Interest Rate: N/A Balance Owed: \$8,358.54 % to be Paid: 100.000%
INTERNAL REVENUE SERVICE PO BOX 7317 PHILADELPHIA, PA 19101-7317	Court Claim No.: 8-2 Trustee Claim No.: 48 Amount of Claim: \$7,291.28 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
LAKSHMI FINANCE LLC C/O GLEN C WATSON III PO BOX 121950 NASHVILLE, TN 37212	Court Claim No.: 16 Trustee Claim No.: 4 Amount of Claim: \$4,433.41 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 9655 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
LENDUP 237 KEARNY ST STE 372 SAN FRANCISCO, CA 94108-4502	Court Claim No.: N/A Trustee Claim No.: 28 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 1488 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
MIDWEST ACCEPTANCE CORPORATION PO BOX 9 VALLEY PARK, MO 63088	Court Claim No.: 4-2 Trustee Claim No.: 30 Amount of Claim: \$5,674.83 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2769 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%

MISSOURI DEPARTMENT OF REVENUE PO BOX 475 JEFFERSON CITY, MO 65105-0475	Court Claim No.: 17 Trustee Claim No.: 31 Amount of Claim: \$455.45 Monthly Payment: N/A Claim Type: Taxes - Priority (Pr)	Account Number: 4225 Interest Rate: N/A Balance Owed: \$455.45 % to be Paid: 100.000%
MISSOURI DEPARTMENT OF REVENUE PO BOX 475 JEFFERSON CITY, MO 65105-0475	Court Claim No.: 18 Trustee Claim No.: 51 Amount of Claim: \$1,928.64 Monthly Payment: N/A Claim Type: Taxes - Priority (Pr)	Account Number: 4225/002269BR Interest Rate: N/A Balance Owed: \$1,928.64 % to be Paid: 100.000%
MISSOURI DEPARTMENT OF REVENUE PO BOX 475 JEFFERSON CITY, MO 65105-0475	Court Claim No.: 18 Trustee Claim No.: 52 Amount of Claim: \$125.08 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225/002269BR Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
MISSOURI DEPARTMENT OF REVENUE PO BOX 475 JEFFERSON CITY, MO 65105-0475	Court Claim No.: 17 Trustee Claim No.: 53 Amount of Claim: \$920.08 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
MISSOURI EMERGENCY SERVICES PC PO BOX 1123 MINNEAPOLIS, MN 55440-1123	Court Claim No.: 11 Trustee Claim No.: 49 Amount of Claim: \$872.00 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 12914 NORFOLK, VA 23541	Court Claim No.: 15 Trustee Claim No.: 33 Amount of Claim: \$902.16 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 7747 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%

PREMIER BANKCARD LLC JEFFERSON CAPITAL SYSTEMS LLC PO BOX 772813 CHICAGO, IL 60677-2813	Court Claim No.: 6 Trustee Claim No.: 22 Amount of Claim: \$490.07 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 1989 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
PRINCE PARKER & ASSOCIATES INC PO BOX 474690 CHARLOTTE, NC 28247-4690	Court Claim No.: N/A Trustee Claim No.: 34 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 0883 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
QUANTUM3 GROUP LLC AS AGENT FOR CF MEDICAL LLC PO BOX 788 KIRKLAND, WA 98083-0788	Court Claim No.: 7 Trustee Claim No.: 47 Amount of Claim: \$141.18 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 1726 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
SKY TRAIL CASH PO BOX 1115 LAC DU FLAMBEAU, WI 54538-1115	Court Claim No.: N/A Trustee Claim No.: 36 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 8047 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
SOUTHEASTERN EMERGENCY PHYSICIANS MEMPHIS PO BOX 1123 MINNEAPOLIS, MN 55440-1123	Court Claim No.: 10 Trustee Claim No.: 50 Amount of Claim: \$376.93 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
SPEEDY/RAPID CASH PO BOX 780408 WICHITA, KS 67278	Court Claim No.: 5 Trustee Claim No.: 37 Amount of Claim: \$918.45 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%

SUN LOAN 215 E TRAVIS ST SAN ANTONIO, TX 78205-1701	Court Claim No.: N/A Trustee Claim No.: 39 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 5896 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
TRI-STATE ADJUSTMENTS INC PO BOX 3219 LA CROSSE, WI 54602-3219	Court Claim No.: N/A Trustee Claim No.: 43 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2904 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
US DEPT OF EDUCATIONMOHELA DEPT OF ED/MOHELA PO BOX 105347 ATLANTA, GA 30348	Court Claim No.: 1 Trustee Claim No.: 29 Amount of Claim: \$253,562.43 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4225 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%
WORLD FINANCE CORP WORLD ACCEPTANCE CORP/ATTN BANKRUPTCY PO BOX 6429 GREENVILLE, SC 29606	Court Claim No.: 14 Trustee Claim No.: 45 Amount of Claim: \$417.00 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2067 Interest Rate: N/A Balance Owed: \$0.00 % to be Paid: 0.000%

October 22, 2019

Respectfully submitted,

/s/ Richard V. Fink, Trustee

Richard V. Fink, Trustee
2345 Grand Blvd., Ste. 1200
Kansas City, MO 64108-2663
(816) 842-1031

NOTICE

Any response to the above Notice Allowing Claim must be filed within thirty (30) days of the date of this notice with the Clerk of the United States Bankruptcy Court. Documents can be filed electronically at <http://ecf.mowb.uscourts.gov>. A copy of such response shall be served electronically by the Court on the Chapter 13 Trustee and all other parties to the case who have registered for electronic filing. Parties not represented by an attorney may mail a response to the Court at the address below. If a response is timely filed, the Court will either rule the matter based on the pleadings, or set the matter for a hearing. If a hearing is to be held, notice of such hearing will be sent to all parties in interest . For information about electronic filing, go to <http://www.mow.uscourts.gov>. If you have any questions about this document, contact your attorney .

Court Address: U.S. Bankruptcy Court, 400 E. 9th St., Room 1510, Kansas City, MO 64106

NOTICE OF SERVICE

The following parties will be served either electronically or by United States First Class Mail and a certificate of service will be filed thereafter:

DEBTOR(S)
BAEHR WIGGINS PC (596) - ATTORNEY FOR DEBTOR(S)

/s/ Richard V. Fink, Trustee

JVM /Notice - Allow/Disallow Claims